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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G47538

1. Corporation Name
CUSHION EXPRESS, INC.

Principal Place of Business
9095 17TH PL.
VERO BEACH FL 32966

Mailing Address
9095 17TH PL.
VERO BEACH FL 32966

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1983

4. FEI Number

59-2379994

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ROSSWAY, BRAD
COLLINS, BROWN, & CALDWELL
756 BEACHLAND BLVD
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

Rossway, Bradley W.

82 Street Address (P.O. Box Number is Not Acceptable)

5070 North Highway 1A, Suite 200

83

84 City

Vero Beach

FL

85 Zip Code

32963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Bradley W. Rossway

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WALLACE, JAMES A**
STREET ADDRESS **925 FRANCISCAN AVE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **VST** ☐ DELETE
NAME **WALLACE, HEIDI H**
STREET ADDRESS **925 FRANCISCAN AVE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Heidi Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99
Date

561/569/9722
Daytime Phone #

CR2E034 (1/98)